

PAID \$1025⁰⁰ - 4/17/14 *LM*

Administrative Review Team | June 2012

Case # 14 - 034 MPR



APPLICATION FOR DEVELOPMENT

PLEASE CHECK THE TYPE OF REVIEW

- ☐ West Innovation Districts (Zoning Code Sections 153.037 - 153.043)
- ☒ Bridge Street Corridor Districts (Zoning Code Sections 153.057- 153.066)
- ☐ Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- ☐ Basic Plan Review
- ☒ Minor Project
- ☐ Development Plan Review
- ☐ Site Plan Review
- ☐ Waiver Review
- ☐ Master Sign Plan
- ☐ Open Space Fee-in-Lieu
- ☐ Parking Plan
- ☐ City Council Appeal
- ☐ Administrative Departure

Wireless Applications

- ☐ New Tower
- ☐ Co-Location
- ☐ Alternative Structure
- ☐ Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- ☐ Conditional Use
- ☐ Rezoning
- ☐ Administrative Appeal
- ☐ Project involving modifications to property within the Architectural Review District
- ☐ Other: _____

SUBMISSION REQUIREMENTS

- ☐ Fee (refer to the approved fees list)
- ☐ Electronic Copies of all application materials (PDF, JPEG, Word, etc. as appropriate)
- ☐ Submission Requirements for each type of application (refer to checklists)
- ☐ Legal Description and/or Property Survey for the subject property

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es): 250 West Bridge Street Dublin, Ohio 43016	
Tax ID/Parcel Number(s): 273-000797-00	Parcel Size(s) in Acres: 2.205 Acres
Existing Land Use/Development: Medical Office	Zoning District: Bridge Street Corridor District

- ☐ Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.
- ☐ Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization): 250 Bridge Group, LTD.	
Mailing Address: 250 West Bridge Street Dublin, Ohio 43016	
Daytime Telephone: (614) 581-2830	Fax: _____
Email or Alternate Contact Information: _____	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance: 4/17/2014	Next Decision Due Date: _____
Final Date of Decision: _____	Determination: _____
Director's (or Designee's) Signature: _____	

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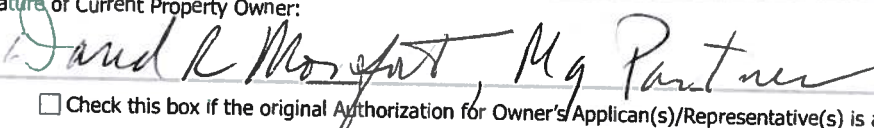
III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: 250 Bridge Group, LTD. (Individual or Organization)	
Mailing Address: 250 West Bridge Street Dublin, Ohio 43016	
Daytime Telephone: (614) 581-2830	Fax:
Email or Alternate Contact Information:	

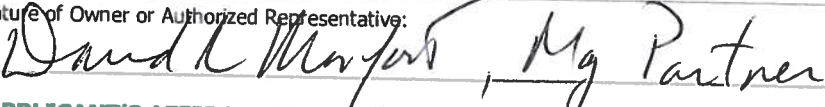
IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.

Name: PH7 Architects, Inc. (Individual or Organization)	
Mailing Address: 330 West Spring Street, Suite 265 Columbus, Ohio 43215	
Daytime Telephone: (614) 459-2955 Ext. 113	Fax: (614) 455-2955
Email or Alternate Contact Information: dpardi@ph7architects.com	

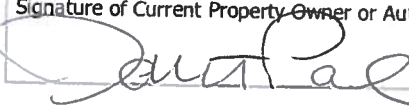
V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.

I, 250 Bridge Group, LTD. , the owner , hereby authorize PH7 Architects to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: 	Date: April 18, 2014
<input type="checkbox"/> Check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.	

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

I, 250 Bridge Group, LTD. , the owner or authorized representative , hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.	
Signature of Owner or Authorized Representative: 	Date: April 18, 2014

VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, PH7 Architects, Inc. , the owner or authorized representative , have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted, is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Current Property Owner or Authorized Representative: 	Date: April 18, 2014
<input type="checkbox"/> Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.	

Subscribed and sworn to before me this 16th day of April, 2014State of OhioCounty of Franklin

BARBARA S. PARDI
Notary Public, State of Ohio
My Commission Expires 05-24-2016



For questions or more information, please contact Land Use and Long Range Planning at (614) 410-4600 | www.dublin.oh.us

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